

DEPARTMENT OF PUBLIC HEALTH AND WELFARE									
<div style="display: flex; justify-content: space-between;"> <span>AMENDED</span> <span>318 Primary Registration District No. 1003 Registrar's No. 8154</span> <span>-61-034986 STATE FILE NUMBER</span> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. PLACE OF DEATH</p> <p>a. COUNTY</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8509 a S. Broadway</b></p> </div> <div style="width: 10%;"> <p>Length of stay in 1b</p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Mo.</b> b. COUNTY</p> <p>c. CITY OR TOWN <b>St. Louis</b></p> <p>d. STREET ADDRESS (If outside, give location) <b>8509 a S. Broadway</b></p> </div> <div style="width: 10%;"> <p>Inside Limits</p> <p>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>3. NAME OF DECEASED (Type or print)</p> <p>First <b>Mary</b> Middle <b>Stephan</b> Last</p> </div> <div style="width: 35%;"> <p>4. DATE OF DEATH</p> <p>Month <b>9</b> Day <b>1</b> Year <b>1961</b></p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>5. SEX</p> <p><b>Female</b></p> </div> <div style="width: 25%;"> <p>6. COLOR OR RACE</p> <p><b>White</b></p> </div> <div style="width: 25%;"> <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> </div> <div style="width: 25%;"> <p>8. DATE OF BIRTH</p> <p><b>3/22/95</b></p> </div> <div style="width: 25%;"> <p>9. AGE (last birthday)</p> <p><b>66</b></p> </div> <div style="width: 25%;"> <p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p> <p><b>Housewife</b></p> </div> <div style="width: 30%;"> <p>10b. KIND OF BUSINESS OR INDUSTRY</p> <p><b>Own Home</b></p> </div> <div style="width: 20%;"> <p>11. BIRTHPLACE (City and state or country)</p> <p><b>Kentucky</b></p> </div> <div style="width: 20%;"> <p>12. CITIZEN OF WHAT COUNTRY</p> <p><b>U.S.A.</b></p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>13a. FATHER'S NAME</p> <p><b>William Kelly</b></p> </div> <div style="width: 30%;"> <p>13b. MOTHER'S MAIDEN NAME</p> <p><b>Elizabeth Harack</b></p> </div> <div style="width: 40%;"> <p>14. NAME OF HUSBAND OR WIFE</p> <p><b>John Stephan</b></p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p> <p><b>No</b></p> </div> <div style="width: 30%;"> <p>16. SOCIAL SECURITY NO.</p> <p><b>None</b></p> </div> <div style="width: 40%;"> <p>17. INFORMANT Address</p> <p><b>John Stephan 8509a S. Broadway</b></p> </div> </div>									
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <b>Acute Myocarditis</b> about 10 days</p> <p>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), stating the underlying cause last.</p> <p>DUE TO (b) <b>Cardio Renal Vascular disease present 5-29-57</b></p> <p>DUE TO (c) <b>442x</b></p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p><b>Cerebral Hemorrhage June 26, Nov 23, 1960</b></p> </div> <div style="width: 30%;"> <p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> </div> <div style="width: 25%;"> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> </div> <div style="width: 50%;"> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>20c. TIME OF INJURY</p> <p>Hour a.m. p.m.</p> </div> <div style="width: 75%;"> <p>Month, Day, Year</p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> </div> <div style="width: 25%;"> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> </div> <div style="width: 50%;"> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p> </div> </div>									
<p>21. I attended the deceased from <b>3-29-57</b> to <b>9-1-61</b> and last saw her alive on <b>8-23-61</b></p> <p>Death occurred at <b>9-1-61 12:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> <p>22a. SIGNATURE (Degree or title)</p> <p><b>John + Flynn BS MD</b></p> </div> <div style="width: 25%;"> <p>22b. ADDRESS</p> <p><b>1715 So 34th St. St. Louis Mo</b></p> </div> <div style="width: 20%;"> <p>22c. DATE SIGNED</p> <p><b>9-1-61</b></p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> <p>23a. BURIAL, CREMATION, REMOVAL (Specify)</p> <p><b>Removal</b></p> </div> <div style="width: 15%;"> <p>23b. DATE</p> <p><b>9/5/61</b></p> </div> <div style="width: 30%;"> <p>23c. NAME OF CEMETERY OR CREMATORY</p> <p><b>National Cemetery</b></p> </div> <div style="width: 30%;"> <p>23d. LOCATION (City, town, or county) (State)</p> <p><b>Jefferson Bks. Missouri</b></p> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>24. FUNERAL DIRECTOR ADDRESS</p> <p><b>E.J. Schnur 3125 Lafayette Ave.</b></p> </div> <div style="width: 20%;"> <p>25. DATE RECD. BY LOCAL REG.</p> <p><b>SEP 1 1961</b></p> </div> <div style="width: 35%;"> <p>26. REGISTRAR'S SIGNATURE</p> <p><b>Paul Smith M.D.</b></p> </div> </div>									

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas R. Lemura*

Licensed Embalmer No.

*3793*

P. O. Address

*3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.